## PATENT APPLICATION FEE DETERMINATION RECORD

· Effective December 8, 2004

| CLAIMS AS FILED - PART I                                                 |                                                |                                                 |                                                                         |                                   |                                        |                          |   | SMALL ENTITY TYPE |                        | OR | OTHER THAN SMALL ENTITY  |        |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|---|-------------------|------------------------|----|--------------------------|--------|
| <u></u>                                                                  | A                                              |                                                 | (Colu                                                                   | mn 1)                             |                                        | Column 2)                | 1 |                   |                        | 1  | 0.175                    | 555    |
| U.S                                                                      | . NATIONAL                                     | STAGE FEES                                      |                                                                         |                                   |                                        |                          | ļ | RATE              | FEE                    | -  | RATE                     | FEE    |
| BASIC FEE                                                                |                                                |                                                 | SMALL ENT. = \$ 150                                                     |                                   | LARGE ENT. = \$ 300                    |                          |   | BASIC FEE         |                        | OR | BASIC FEE                |        |
| EXAMINATION FEE                                                          |                                                |                                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                                   | All other situations = \$ 100 / \$ 200 |                          |   | EXAM. FEE         |                        |    | EXAM. FEE                |        |
| SEARCH FEE                                                               |                                                |                                                 | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   | All other situations = \$ 250 / \$ 500 |                          |   | SEARCH FEE        |                        |    | SEARCH FEE               |        |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                |                                                 | minus 100 =                                                             |                                   | / 50 =                                 |                          |   | X \$ 125 =        |                        |    | X \$ 250 =               |        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                |                                                 | minus 20 =                                                              |                                   | •                                      |                          | ] | X \$ 25 =         |                        | OR | X \$ 50 =                |        |
| INDEPENDENT CLAIMS                                                       |                                                |                                                 | minus 3 =                                                               |                                   | •                                      |                          |   | X \$ 100 =        |                        | OR | X \$ 200 =               |        |
|                                                                          |                                                | DENT CLAIM PR                                   | ESENT                                                                   |                                   |                                        |                          |   | + \$ 180 =        |                        | OR | + \$ 360 =               |        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                                 |                                                                         |                                   |                                        |                          |   | TOTAL             |                        | OR | TOTAL                    |        |
|                                                                          |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | AMENDE                                                                  | O - PAR                           | nn 2)<br>EST<br>BER<br>OUSLY           | (Column 3) PRESENT EXTRA |   | SMALL E           | ADDI-<br>TIONAL<br>FEE | OR | OTHER<br>SMALL E<br>RATE |        |
| AMENDMENT                                                                | Total                                          | •                                               | Minus                                                                   | **                                |                                        | =                        |   | X \$ 25 =         |                        | OR | X \$ 50 =                |        |
|                                                                          | Independent                                    | •                                               | Minus                                                                   | ***                               |                                        | =                        |   | X \$ 100 =        | - <del></del>          | OR | X \$ 200 =               |        |
| ⋖                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |                                                                         |                                   |                                        |                          |   | + \$ 180 =        |                        | OR | + \$ 360 =               |        |
|                                                                          | l                                              |                                                 |                                                                         |                                   |                                        |                          |   | TOTAL ADDIT.      |                        | ÓR | TOTAL ADOIT.<br>FEE      |        |
|                                                                          |                                                |                                                 |                                                                         |                                   |                                        |                          |   | • • • • •         |                        |    |                          |        |
|                                                                          |                                                | (Column 1)                                      |                                                                         | (Colun                            |                                        | (Column 3)               | ſ |                   | ADD(-                  |    |                          | ADDI-  |
| æ                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER                    |                                                                         | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>WSLY                            | PRESENT<br>EXTRA         |   | RATE              | TIONAL<br>FEE          |    | RATE                     | TIONAL |
| MENT                                                                     | Total                                          | *                                               | Minus                                                                   | **                                |                                        | =                        |   | X \$ 25 =         |                        | or | X \$ 50 =                |        |
| AMENDMENT                                                                | Independent                                    | •                                               | Minus                                                                   |                                   |                                        | =                        |   | X \$ 100 =        |                        | OR | X \$ 200 =               |        |
|                                                                          |                                                | ENTATION OF M                                   |                                                                         | PENDENT C                         | CLAIM                                  |                          | Ţ | + \$ 180 =        |                        | or | + \$ 360 =               |        |
|                                                                          | rino i Prico                                   | - INTANON OF IT                                 |                                                                         |                                   |                                        |                          | L | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.<br>FEE      |        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.